

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 01/21/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/24/2008						
		FINANCIAL PAYER: NCMMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8800	5	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8534	3	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	11	11	0
		8532	1	SUBMITTED BILLING PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE BILLED				
3404904	WESTERN HIGHLAN DS LME	8505	770	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	22	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	853	7200	6347
		191	18	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	8505	190	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	70	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	348	4617	4269
		8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8963	287	ATTENDING PROVIDER NPI IS NOT NUMERIC. PLEASE RESUBMIT WITH CORRECT NPI NUMBER.				
		8534	215	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	679	4261	3582
		8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	8505	3213	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8126	3108	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	6914	6988	74
		8800	222	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404916	CROSSROADS BEHA VIOAL HEAL	8534	1	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		0	0		0	1	1	0
3404917	CENTERPOINT HUM AN SERVICES	3412	982	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8505	280	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	1450	2278	828
		11	127	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404919	QUILFORD CO MEN TAL HEALTHC	8505	3501	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	168	FURTHER PROCESSING NECESSARY. PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3925	3953	28
		8508	109	CLAIM DENIED NO BUDGET FOUND				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	11	149	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8564	10	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.	0	186	1078	892
		8654	7	ONLY 16 UNITS ALLOWED PER DAY WITHOUT PRIOR APPROVAL. PLEASE CORRECT THE				
3404922	THE DURHAM CENT ER	8505	15510	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8600	1592	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	18608	19114	506
		537	1187	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404923	FIVE COUNTY MH	8505	747	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	492	CLAIM DENIED NO BUDGET FOUND	0	1523	1615	92
		8600	145	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	2373	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	557	CLAIM DENIED NO BUDGET FOUND	3	3331	3456	125
		8600	251	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	82	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	69	SERVICE REQUIRES PRIOR APPROVA L	11	235	1340	1105
		11	38	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404927	CUMBERLAND CO M HC	11	179	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	131	DUPLICATE OF CLAIM-SYSTEM	0	392	1575	1183
		8518	42	*CLAIM DENIED. SUBMITTED BEYO ND TIMELY FILING LIMIT IN EFFECT FOR THIS FISCAL YEAR				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	179	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		10	80	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	406	5053	4647
		8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8600	2	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	5	40	35
		21	1	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	1637	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	141	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1919	3569	1650
		8952	53	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION				
3404934	ONSLow CARTERET BEHAV HEAL	8505	753	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	447	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	1498	2193	695
		8599	113	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8536	10	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	20	1447	1427
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404939	EAST CAROLINA B EHAVIORAL H	8505	1447	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	144	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1825	2737	912
		120	71	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	3411	123	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		191	10	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	8	170	2599	2429
		8534	8	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404944	EASTPOINTE HUMA N SERVICES	8533	61	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
		8536	22	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	130	1270	1140
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	100	DUPLICATE OF CLAIM-SYSTEM				
		8534	90	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	273	2093	1820
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				

				BENEFIT PACKAGE.				
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